SUPERVISOR SIGNATURE

I authorize the employee named on this form to approve Government purchase card purchases and statements.

Name _____ Signature _____ Date _____

citigroup

CITIBANK® GOVERNMENT APPROVING OFFICIAL SETUP/MAINTENANCE FORM

Note: At an Agency/Organization's option, an Approving Official may be designated.

SECTION I   **INSTRUCTIONS**

1. To add, delete or change Approving Official (AO) information, the Approving Official completes Sections II and signs in Section IV, and the A/OPC completes Sections III, and signs in Section IV. Signatures are required only if submitted by fax or mail.
2. Indicate the **type** of request: _____ AO Setup and CitiDirect® Card Management System ID Request
   _____ AO Setup but **DO NOT** issue a CitiDirect Card Management System ID
   _____ AO Setup and CitiDirect Card Management System ID Request for view only
3. Indicate the **action** you are requesting: _____ Add to AO info   _____ Change AO information   _____ Delete AO info
   (Complete entire form)   **(Complete Reporting Hierarchy and only the items requiring a change)** _____ Add as Alternate AO
4. Maintain a copy in the Approving Official and Agency/Organization Program Coordinator's files.
5. Fax completed form to your Client Account Manager at 904-954-7700.

SECTION II   **APPROVING OFFICIAL INFORMATION** (Please Print)

(1) _____

First Name of Approving Official (maximum of 24 characters)   **Middle** Initial   **Last** Name (maximum 24 characters total)

(2) _____   (3) _____

Agency/Organization Name (maximum 24 characters)   Verification Information

(4) _____   (5) (_____) _____

Business Mailing Street Address Line 1 (maximum 36 characters)   Business Phone

_____

Business Mailing Street Address Line 2 (maximum 36 characters)

_____

City   State   Zip Code   Country

_____ (6) (_____) _____ (7) _____

E-mail Address   Fax Number   Discretionary Code 1 (maximum 12 characters)

SECTION III   **REPORTING PARAMETERS**

Account Number: (8) _____

Reporting Hierarchy: (9) _____ _____ _____ _____ _____ _____ _____

SECTION IV   (10) **AO and A/OPC SIGNATURE** (Required for paper submission)

Approving Official's Signature _____ Date _____

Approving Agency/Organization Program Coordinator's Signature _____ Date _____

_____ (____) _____ (____) _____

Full Name (Please Print)   Business Phone   Fax Number

SECTION V   **INTERNAL USE ONLY** (This is to be completed by Citibank.)

	Date	
1. Signature of Processor	Date	Form processed at Jacksonville's CS Center.
2. Signature of Services Administrator (Initial check)	Date	This setup form has all the needed information to process at the CitiDirect system.
3. Signature of authorized CitiDirect® Card Management System Representative (ID creator)	Date	The requested Login ID has been created.

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ALL fields must be completed prior to submission or the form will be returned to you.
Numbers in parentheses correspond to numbers on guide sheet on next page.